

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
Q.I.P.E. CLASSIFIER	PH		4/17
FORMALITY REVIEW	COI	875	04/17/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	11/19/01	
2	✓	2/2/02	
3	✓	2/2/02	
4	✓	2/2/02	
5	✓	2/2/02	
6	✓	2/2/02	
7	✓	2/2/02	
8	✓	2/2/02	
9	✓	2/2/02	
10	✓	2/2/02	
11	✓	2/2/02	
12	✓	2/2/02	
13	N	N	
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If more than 150 claims or 10 actions  
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